

LIQUOR CONTROL COMMISSION OF THE COUNTY OF KAUAI
APPLICATION FOR LIQUOR LICENSE

ALL APPLICANT			
TYPE OF APPLICATION TEMPORARY____NEW____ CHANGE OF LOCATION____TRANSFER____		DESCRIPTION OF LICENSE APPLIED FOR	
		CLASS (DISPENSER, RETAIL, ETC.)	KIND (GENERAL, BEER & WINE, ETC.)
CATEGORY			
STREET ADDRESS OF PREMISES		MAILING ADDRESS	
SOLE PROPRIETORSHIP ONLY:			
APPLICANT'S FULLNAME	NAME OF BUSINESS		TELEPHONE
PARTNERSHIP-LLP ONLY:			
NAME OF PARTNERSHIP	NAME OF BUSINESS		TELEPHONE
NAME OF PARTNERSHIP		TELEPHONE	
CORPORATION-ASSOCIATION-LLC ONLY:			
NAME OF CORPORATION/ ASSOCIATION/ LLC	NAME OF BUSINESS		TELEPHONE
NAMES OF OFFICERS & TITLES/MEMBERS		NAME OF DIRECTORS	
NAMES OF STOCKHOLDERS OWNING 25% OR MORE OUTSTANDING CAPITAL STOCK:			
TRANFER ONLY:			
PRESENT LICENSE	FIRM NAME		LICENSE NO.
_____ HEREBY JOIN IN THE FORGOING APPLICATION FOR TRANSFER OF LICENSE.			
DATE AND SIGNATURE OF LICENSEE.			
I hereby certify that the above mentioned person(s) has (have) (not) been convicted of a felony and (not) pardoned and is (are) familiar with the Liquor Laws of Hawaii and the Rules and Regulation of the Kauai Liquor Control Commission and is (are) not less than twenty one (21) years of age.			
DATE AND SIGNATURE OF SOLE PRPRIETOR, PARTNER, CORPORATE OFFICER/DIRECTOR OR MEMBER			

State of Hawaii)
County of Kauai) ss

_____ being first duly sworn, depose(s) and say (s) that _____ is (are) authorized to and do(s) make this verification for and on behalf of the applicant(s) hereinabove named; that _____ has (have) read the foregoing applicant; and that the statement therein set forth are true.

Subscribed and sworn to before me this _____

Notary Public, Fifth Judicial Circuit
State of Hawaii
My Commission expires _____